

Name
in
FullMary Achy
Town

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Harford County

MARYLAND

Date

of death 1903

Month

May

Day

19

Years

Age 84

Months

Days

27

Sex

Female

Color or
Race

White

Birth-
place

Maryland

Married, Single

~~or Widowed~~

Occupation

None

Name of Wife or

Husband

Father's
Name

Samuel Achy

Father's
BirthplaceMother's
Maiden Name

Elizabeth Ayers

Mother's
BirthplaceName of person giving
Information

Samuel Achy

How related
to deceased

Cousin

CAUSES OF DEATH

Primary

Valvular Disease of Heart

How long

Immediate

How long

Four days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

William J. Archer

Address

Bel Air Md

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Thomas Beaumont

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died <i>near Hallatam</i>		Town <i>Hartford</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>17</i>	Years <i>80 yrs.</i>	Months <i>2</i>	Days		
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Bensin</i>				
Married Single or Widowed			Occupation <i>Farmer</i>				
Name of Wife or Husband _____							
Father's Name <i>Grifflin Beaumont</i>				Father's Birthplace _____			
Mother's Maiden Name _____				Mother's Birthplace _____			
Name of person giving information <i>Elmer Beaumont</i>				How related to deceased <i>Brother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Myocardial Infarction</i>	How long <i>10 yrs.</i>
Immediate <i>Heart failure</i>	How long <i>29 days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Edward A. [illegible]</i>
	Address <i>Bolton, Md.</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Died at

MARYLAND

Date 19

03

Month

Day

Mar 1

Age

Y.

M.

D.

16

Native of

Harford Co

Occupation

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

Julia Boon
 Town County

Died at

Fallston

County

Harford

MARYLAND

Date 19

03

Month

Day

May 3

Y.

M.

D.

Age

17

Native of

Occupation

Servant

Female

Colored

Single

Widow

Divorced

Widower

Number of children living

Husband of

Wife

Father's

Name

William Boon

Mother's

Maiden Name

Caroline Bond

Cause of

Primary

Consumption

How long sick

4 Months

Death

Immediate

Accident, Suicide, Homicide

Reported by

Geo. W. Davis M.D.

Address

Pleasantville Harford Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

W. Boyd
 Died at *Harre de Bruce* *Harford* County MARYLAND

Date 19*03* *May 17* 10*3* Month Day Y. M. D. Age *74*
 Male ☒ White Married ☒ Widower ☒ Divorced
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living *3*

Husband
of
Wife

Father's Name Mother's Name
 Maiden Name *W.*

Cause of Death { Primary *Paralysis* Immediate
 How long sick *one week*
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

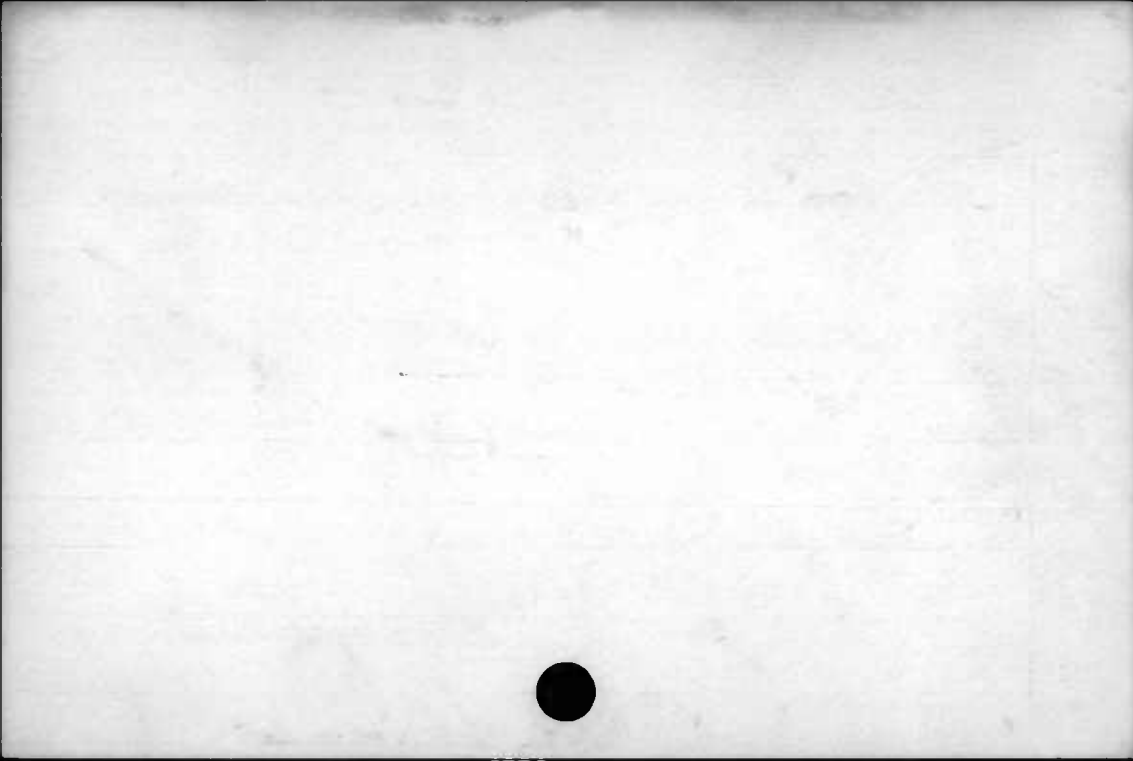
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full		Elizabeth A. Bull				County		Harford		MARYLAND	
Died at		Bel Air		Town		Harford		County		MAYLAND	
Date of death 1903		May		Month		16		Day		Age 66	
Sex		Female		Color or Race		White		Birth-place		Maryland	
Married, Single or Widowed		Single		Occupation		House wife					
Name of Wife or Husband		Jacob J. Bull									
Father's Name		Thomas Duff		Father's Birthplace		Ind.					
Mother's Maiden Name		Susanna		Mother's Birthplace		Ind.					
Name of person giving information		Lerona Bullum		How related to deceased		Daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Cerebral hemorrhage		How long		3 days -	
Immediate		Cardiac asthma		How long		Sank gradually.	
Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		A. F. Van Bibber	
				Address		B. Blair	
Accident or Suicide?		No.				Ind.	



Name
in
Full

Kater J. Bahl

CERTIFICATE OF DEATH

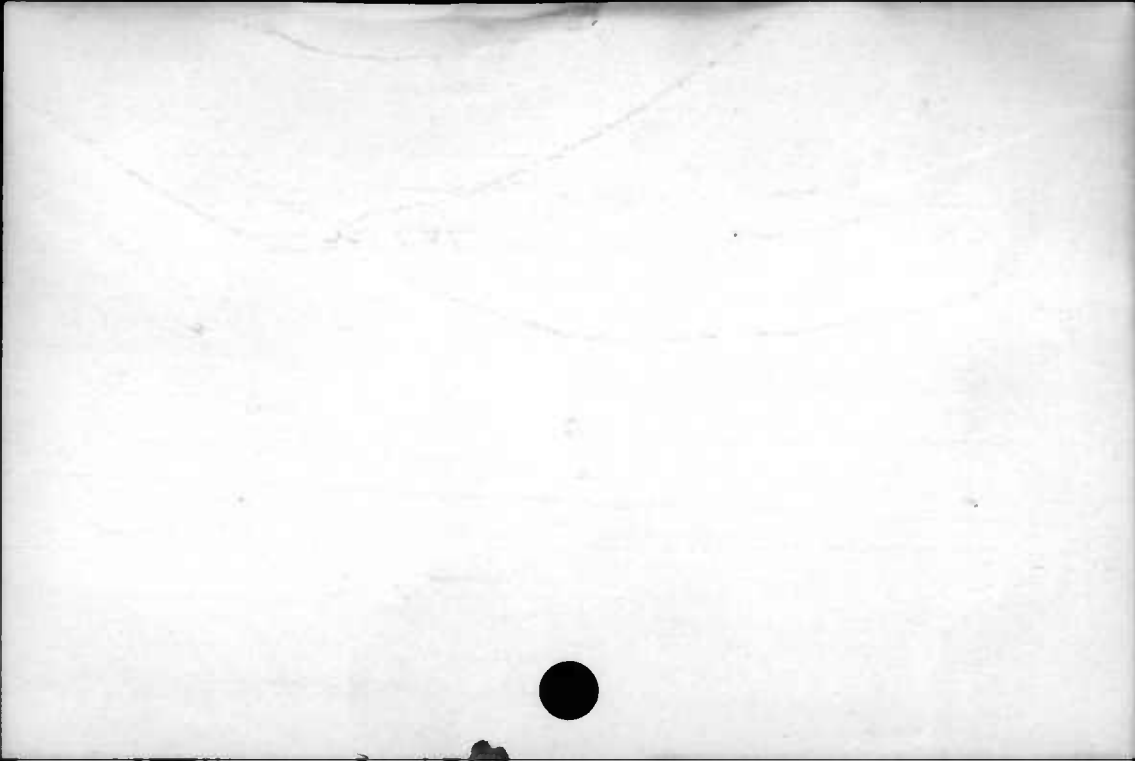
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date		Month	Day	Age	Years	Months	Days
of death 190		8	5	21	2		
Sex		Color or Race		Birth-place			
Lemait		battered		Hauve de Beau			
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				Father's Birthplace			
William Bahl							
Mother's Maiden Name				Mother's Birthplace			
Sussie " "							
Name of person giving information				How related to deceased			
William Bahl				Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Unknown 179	2 years
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Geo	H. K. McElmear
	Address
	Undertaker
	Strongdon Mds
Accident or Suicide?	



Name in Full		Charles Campbell				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Cambria	County Harford	MARYLAND		
		Date of death 1903		Month 5	Day 26	Age Years	Months 13	Days 20
		Sex male		Color or Race white		Birth-place		
		Married, Single or Widowed		Occupation				
		Name of Wife or Husband						
PHYSICIAN OR CORONER		Father's Name Lamar Campbell				Father's Birthplace		
		Mother's Maiden Name				Mother's Birthplace		
		Name of person giving information				How related to deceased		
CAUSES OF DEATH								
PHYSICIAN OR CORONER		Primary Broncho - Pneumonia				How long		
						How long		
		Immediate						
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician G. F. Kalb		
						Address Curdif		
		Accident or Suicide?						



Name
in
Full

Mary R Coleman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Dorchester</i> ^{Town}		<i>Hartford</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>5</i>	Day <i>19</i>	Age <i>84</i>	Months <i>1</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>Caucasian</i>	Birth-place <i>New Jersey</i>			
Married, Single Widowed <i>Widowed</i>		Occupation <i>—</i>			
Name of Wife Husband <i>Rev. Thomas K Coleman</i>					
Father's Name <i>Daniel Doughty</i>		Father's Birthplace			
Mother's Maiden Name <i>Emma K. Cohen</i>		Mother's Birthplace			
Name of person giving information <i>Mrs Chas Brown</i>		How related to deceased <i>Daughter</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>134</i>	How long
Immediate <i>Old age</i>		How long <i>7 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. B. Kirk MD</i>	
	Address <i>Darlington</i>	
Accident? <i>no</i>		



Name
in
Full

CERTIFICATE OF DEATH

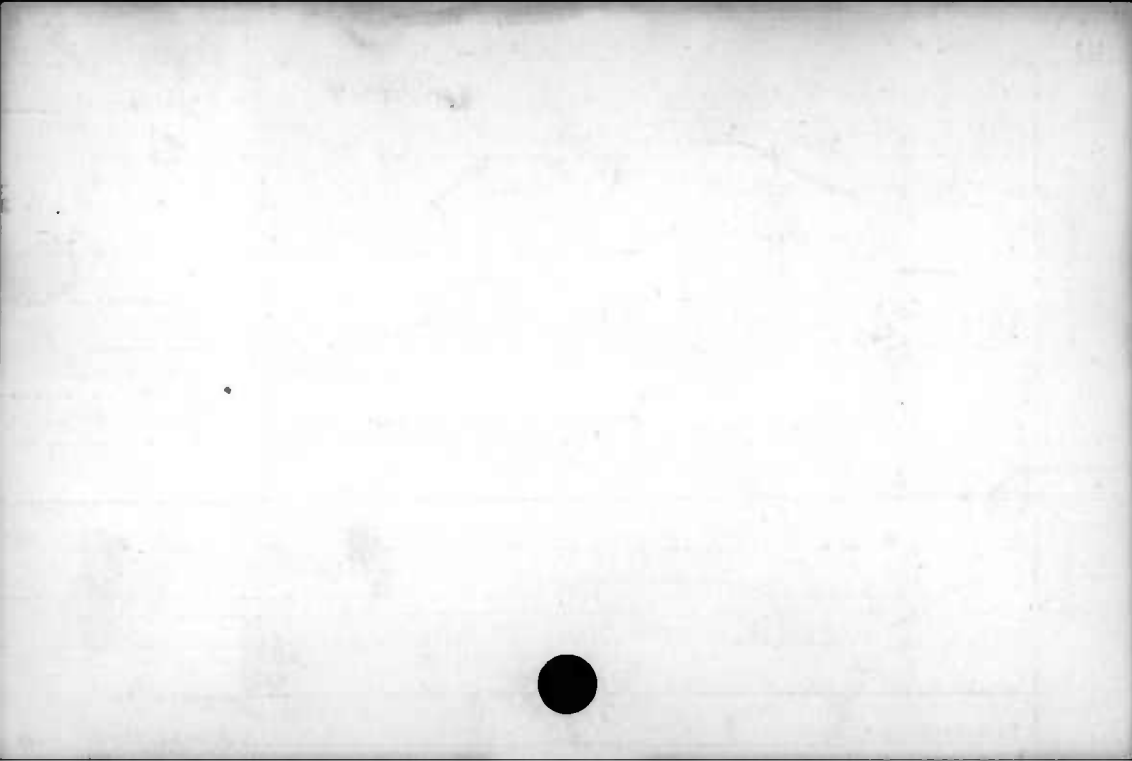
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Harre de Grace		County Harford		MARYLAND	
Date of death 190	3	Month May	19	Day	Age	Years	Months Days
Sex	Female		Color or Race		Black		Birth- place
Married, Single or Widowed		Married		Occupation		Gardener	
Name of Husband		John F. Cullen					
Father's Name		Edward Bond				Father's Birthplace	
Mother's Maiden Name						Mother's Birthplace	
Name of person giving In formation		John F. Cullen				How related to deceased	
						Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer of Uterus		How long	1 1/2	3 or 4 yrs
Immediate	Hemorrhage		How long		
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician	
		Address		Harre de Grace	
Accident or Suicide?				No	



Name in Full

Certificate of Death

Alice Julia Collins

Town

County

Died at

MARYLAND

Date 19

03

Month

Day

5

24

Age

Y.

M.

D.

5 13

Native of

Occupation

~~Male~~

White

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

How long sick

1 week

Death

Immediate

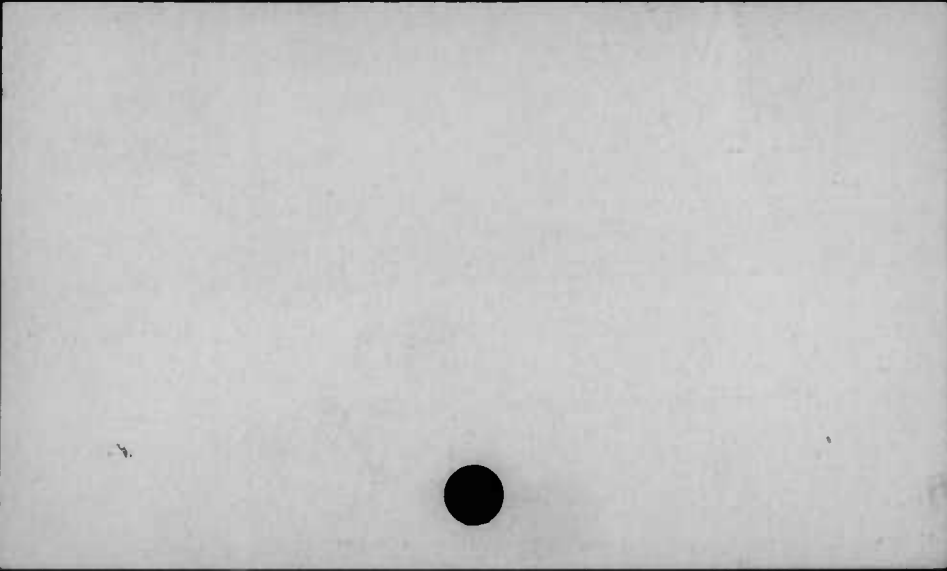
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name
in
Full

CERTIFICATE OF DEATH

James L Gorrell

Died at *Belcamp* Town

Harford County

MARYLAND

Date
of death 190 *3*

Month *5*

Day *18*

Age *81* Years

Months *—*

Days *—*

Sex *Male*

Color or
Race *American*

Birth-
place *Harford Co*

Married, Single
~~or~~ Widowed

Occupation *Farmer*

Name of Wife or
Husband

Father's
Name *—*

Father's
Birthplace *MO*

Mother's
Maiden Name *Maudie West*

Mother's
Birthplace *MO*

Name of person giving
In formation *Mrs McGee*

How related
to deceased

CAUSES OF DEATH

Primary *Rheumatism* *47*

How long *2 yrs*

Immediate *Heart failure*

How long

Are the name, age, sex, color, date
and place correctly given above? *yes*

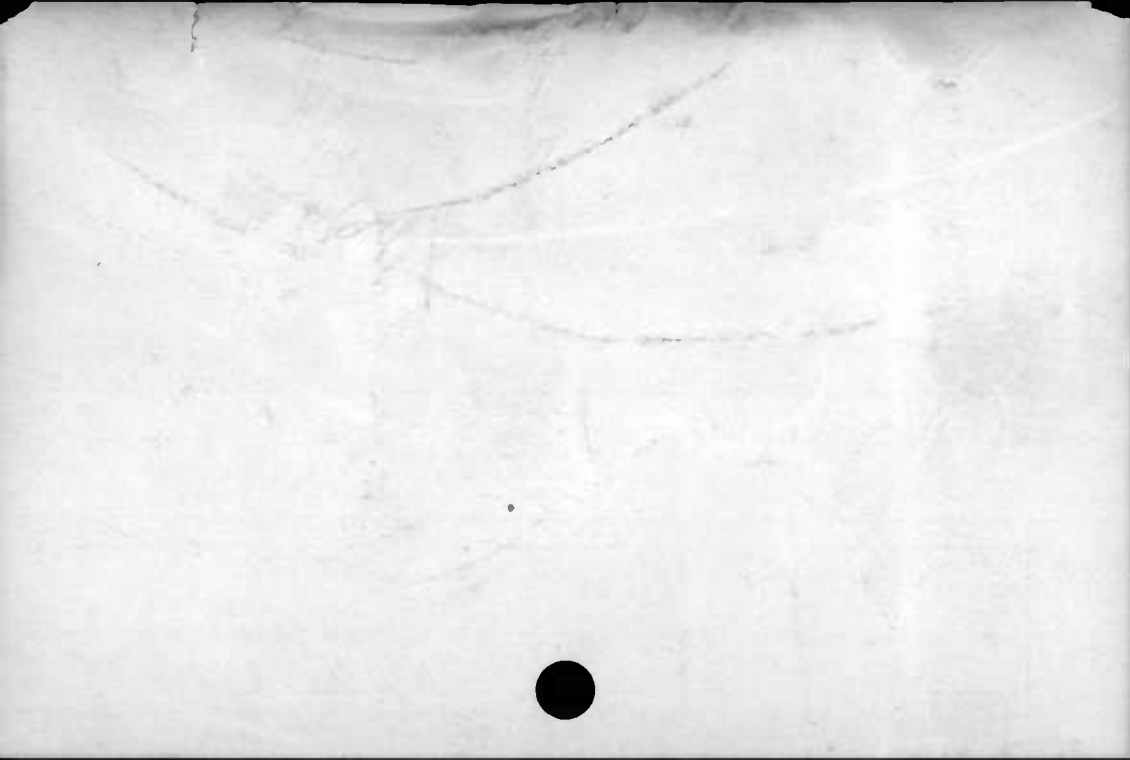
Signature of
Physician *J. H. Steu*

Address *Bryman*

Accident or Suicide? *—*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



TO BE ANSWERED BY
NEAREST FRIEND

William P Grant

CERTIFICATE OF DEATH

Died at <i>Bel Air</i> ^{Town}		<i>Hanford</i> ^{County}		MARYLAND	
Date of death 190 <i>28</i>	Month <i>May</i>	Day <i>20</i>	Age <i>48</i>	Months <i>—</i>	Days <i>24</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Married, Single or Widowed <i>Married</i>	Occupation <i>Stone Cutter</i>				
Name of Wife or Husband <i>Margaret Harris</i>					
Father's Name <i>John Grant</i>			Father's Birthplace <i>Sout Ham</i>		
Mother's Maiden Name <i>Sout Ham</i>			Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Margaret Harris</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>—</i>	How long <i>—</i>
Immediate <i>Gunshot wound -</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>E. H. Rice</i>
<i>filed 1903</i>	Address <i>Bel Air, Md</i>
<i>Accident or Suicide?</i>	

Name
in
Full

Kate Gray

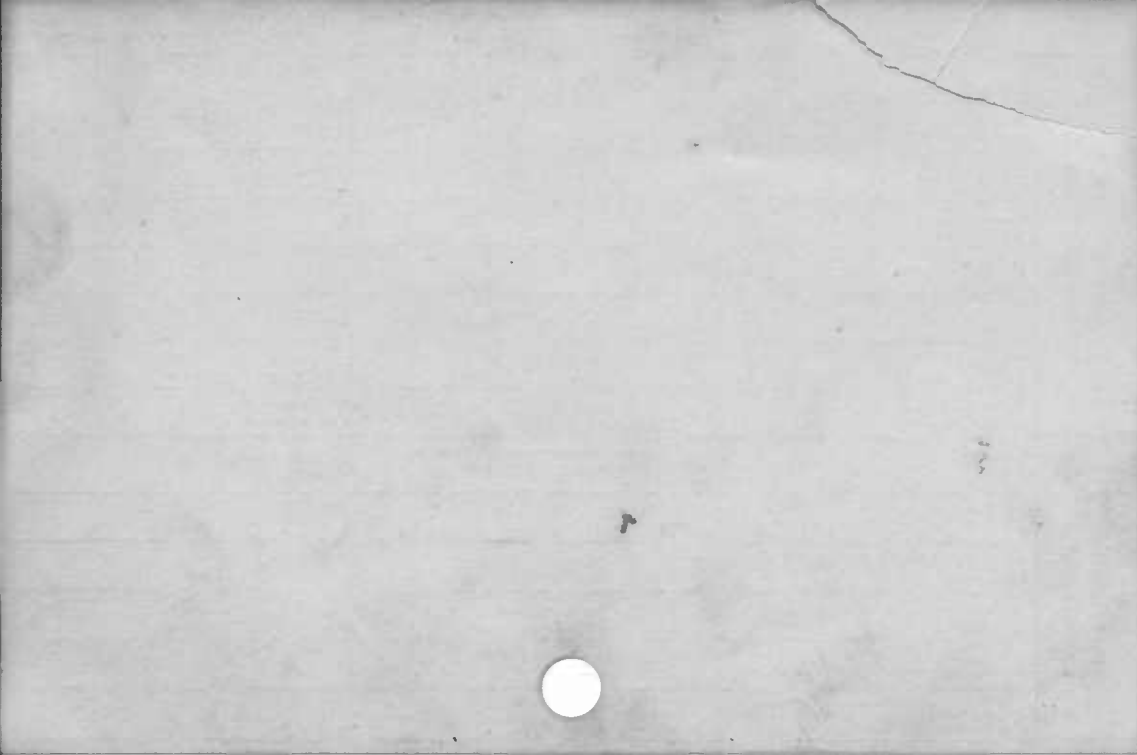
CERTIFICATE OF DEATH

Died at <u>Dublin</u> <small>Town</small>		<u>Stafford</u> <small>County</small>		MARYLAND	
Date of death 1903	<u>May</u> <small>Month</small>	<u>3</u> <small>Day</small>	Age <u>53</u> <small>Years</small>	<u></u> <small>Months</small>	<u></u> <small>Days</small>
Sex <u>female</u>	Color or Race <u>colored</u>		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>Married</u>		Occupation <u>Housewife</u>			
Name of Wife or Husband <u>Bryanine Gray</u>					
Father's Name <u>Wm. Williamson</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Lucy</u>			Mother's Birthplace <u>Calvert Co.</u>		
Name of person giving information <u>Howard Gray</u>			How related to deceased <u>Son</u>		

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	<u>Pulmonary tuberculosis</u>	How long	<u>three mos.</u>
	Immediate	<u></u>	How long	<u></u>
	Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>F. Lee Hughes, M.D.</u>	
			Address <u>Gibson, Stafford Co.</u>	
	Accident or Suicide?			



Name
in
Full

Mary Jackson

CERTIFICATE OF DEATH

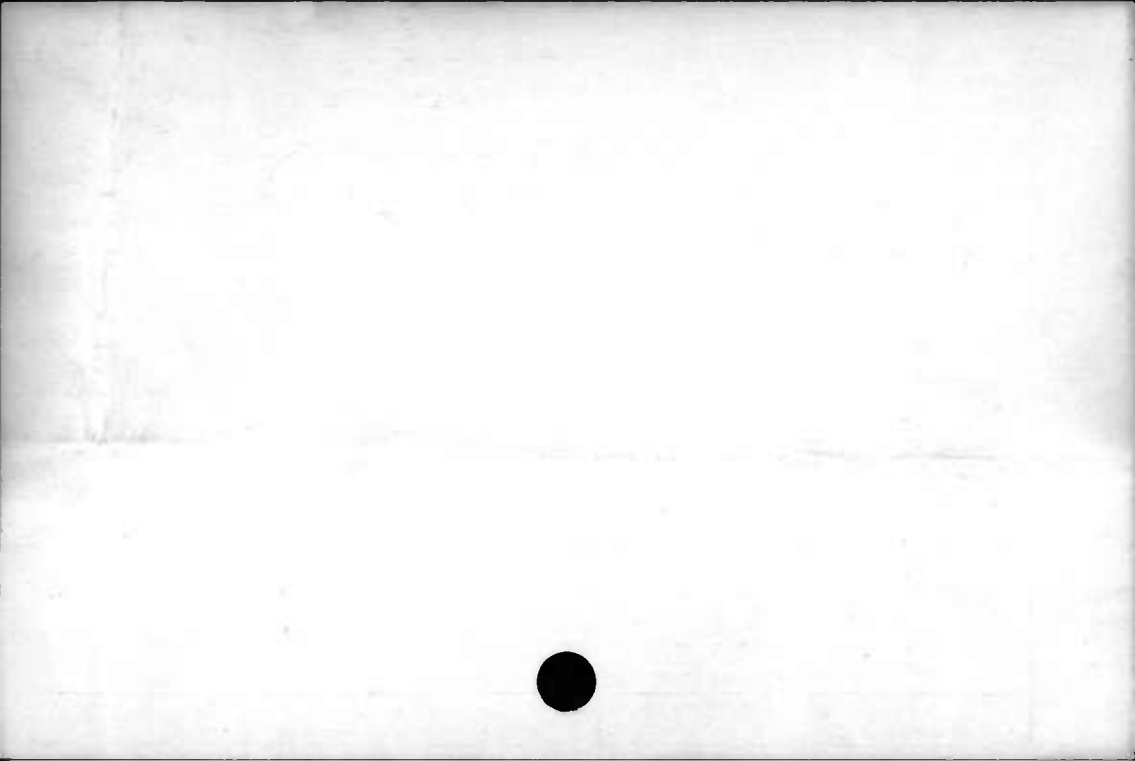
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 1903		Month	Day	Age	Years	Months	Days
Sex Female		Color or Race Black		Birth-place Ind-			
Married, Single or Widowed				Occupation			
Name of Wife Husband Anos Jackson							
Father's Name Doug Know				Father's Birthplace			
Mother's Maiden Name Doug Know				Mother's Birthplace			
Name of person giving information End Hornberger				How related to deceased none			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Paralysis - W.	How long	2 years
Immediate	accident. Burn	How long	18 Days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. D. Harrison	
Yes		Address Fork Ind	
Accident or Suicide?			



Name in Full

Certificate of Death

James J. Jones

Died at *Whitford* ^{Town} *Stanford* ^{County} *MARYLAND*

Date *1903* ^{Month} *May* ^{Day} *16* Y. M. D. *1903* ^{Native of} *Maryland* ^{Occupation} *Farmer*

Male ^{White} *White* ^{Married} *Married* ^{Widow} *Widow* ^{Divorced} *Divorced*

Female ^{Colored} *Colored* ^{Single} *Single* ^{Widower} *Widower* ^{Number of children living} *2*

Husband of *Sarah Jane (Nora)*

Father's Name *Bey' H. Jones* Mother's Name

Cause of Death { Primary *Arteriosclerosis* Immediate *Neurasthenia* } *81* ^{How long sick} *2 years*

^{Accident, Suicide, Homicide}

Reported by *W. H. Jones*

Address *Sella Pa.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55368



Name
in
Full

Timothy Kelly

CERTIFICATE OF DEATH

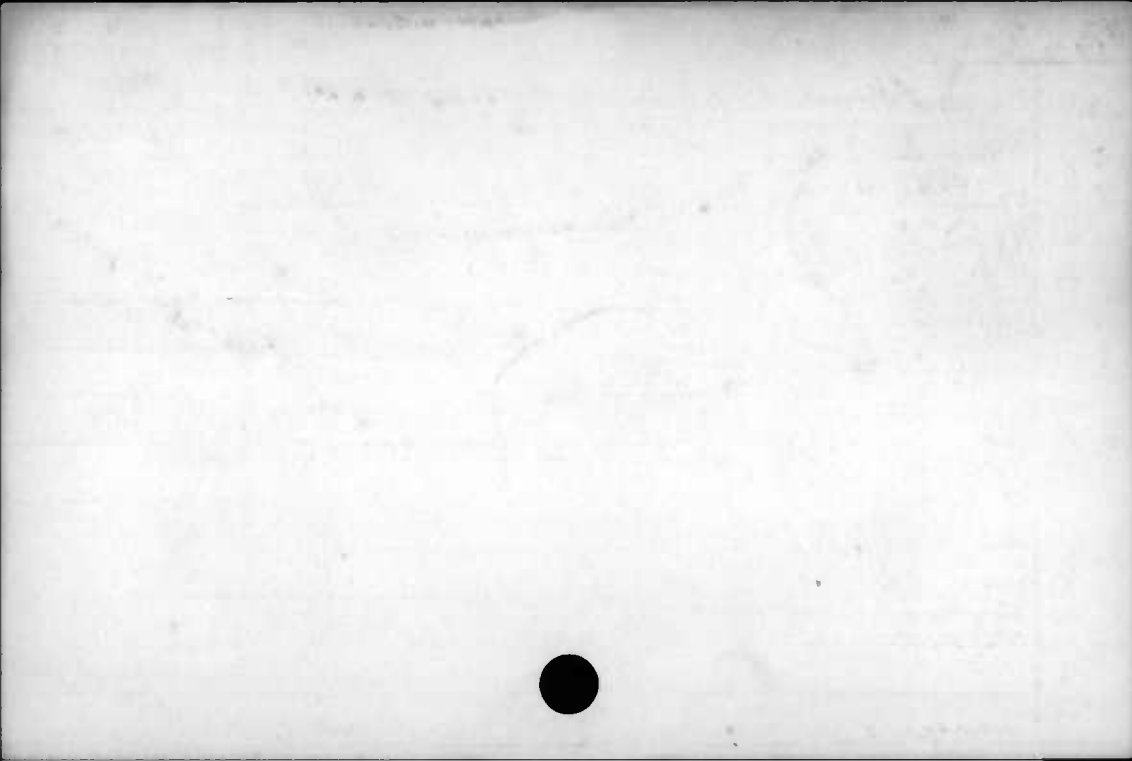
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Harrods Grace</i>		County <i>Harford</i>		MARYLAND	
Date of death 190	3	Month	5	Day	23	Age	Years 63
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>London Eng.</i>
Married, Single or Widowed	<i>Single</i>			Occupation	<i>Seaman</i>		
Name of Wife or Husband -							
Father's Name <i>Timothy Kelly</i>						Father's Birthplace <i>Ireland</i>	
Mother's Maiden Name <i>Winnie Pendgast</i>						Mother's Birthplace <i>"</i>	
Name of person giving information <i>Capt Richard Kelly</i>						How related to deceased <i>Brother</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Rheumatism</i>	How long	<i>Several years</i>
Immediate	<i>Insual debility</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>RW Smith</i>
		Address	<i>Harrods Grace</i>
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

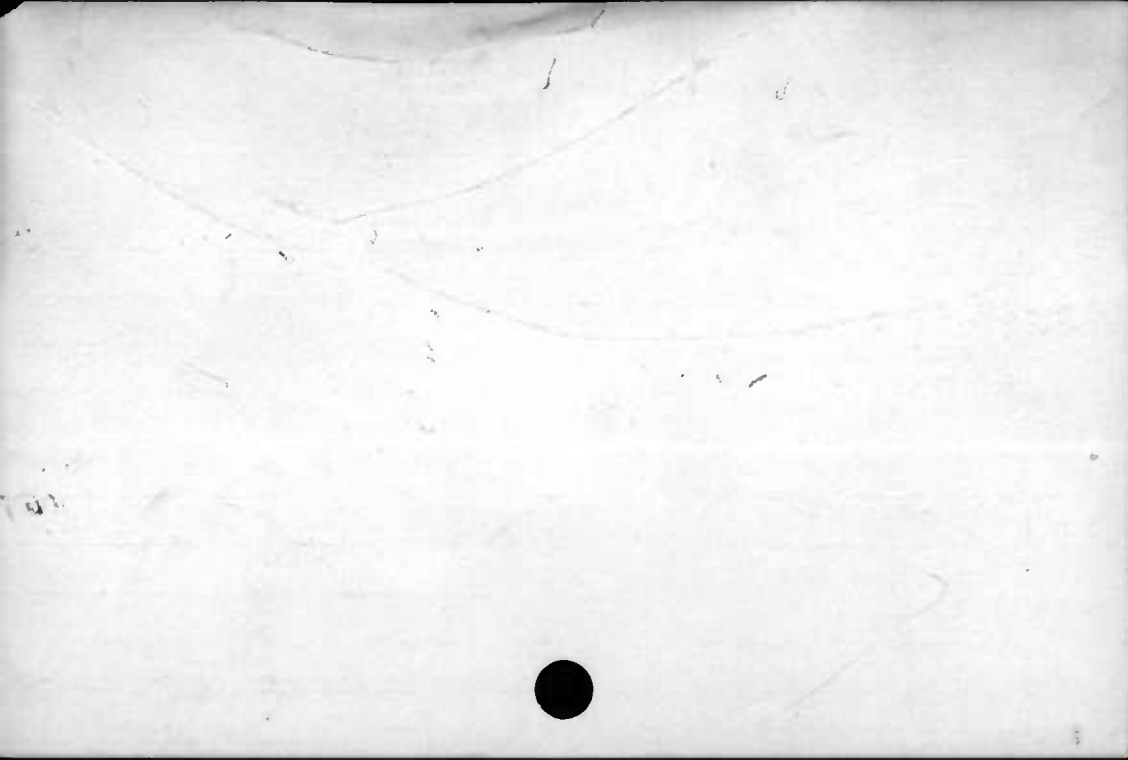
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Elizabeth Leary</i>		Town <i>Belcamp</i>		County <i>Harford</i>		MARYLAND	
Died at		Date of death 190 <i>3</i>		Month <i>5</i>	Day <i>2</i>	Age <i>82</i>	Years <i>82</i>
Sex		Color or Race <i>White</i>		Birth-place <i>Ireland</i>		Months <i>—</i>	
Married, Single or Widowed <i>Single</i>		Occupation		Days <i>—</i>			
Name of Wife or Husband <i>Cathie Leary</i>		Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace					
Name of person giving information		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Shock from Dislocation of Femur</i>	How long	
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. A. Callahan</i>	
		Address <i>Creswell Md</i>	
Accident or Suicide?			



Name
in
Full

John B. McDonald

CERTIFICATE OF DEATH

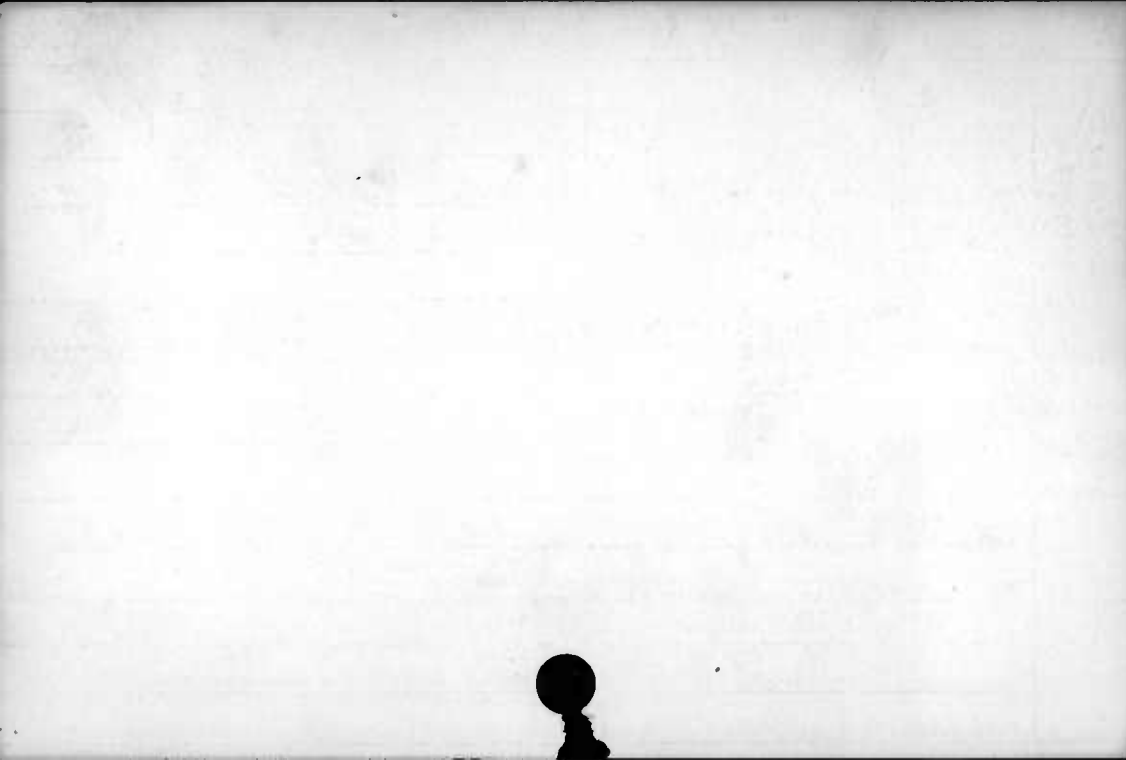
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Harre de Grace		Harford		MARYLAND							
Date of death 190		3	Month	5	Day	7	Age	Years	27	Months	2	Days	5
Sex		Male		Color or Race		White		Birth-place		Harre de Grace			
Married, Single or Widowed		Single		Occupation		Clerk							
Name of Wife or Husband		—											
Father's Name		John McDonald							Father's Birthplace		Ireland		
Mother's Maiden Name		Katherine Kane							Mother's Birthplace		"		
Name of person giving information		John McDonald							How related to deceased		Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Pulmonary Tuberculosis		How long		2 or 3 yrs	
Immediate		Heart Weakness		How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		R W Smith	
				Address		Harre de Grace Md	
Accident or Suicide?							



Name In Full

Certificate of Death

Died at

MARYLAND

Date 19**63**

Month

Day

Y.

M.

D.

Native of

Occupation

May 29

Age 57

Bellevue

Home

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Malignant Dis. Stomach

How long sick

Death

Immediate

Nephritis

Accident, Suicide, Homicide

Reported by

Accident

Address

14 de

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75893



Name
in
Full

John Owens

CERTIFICATE OF DEATH

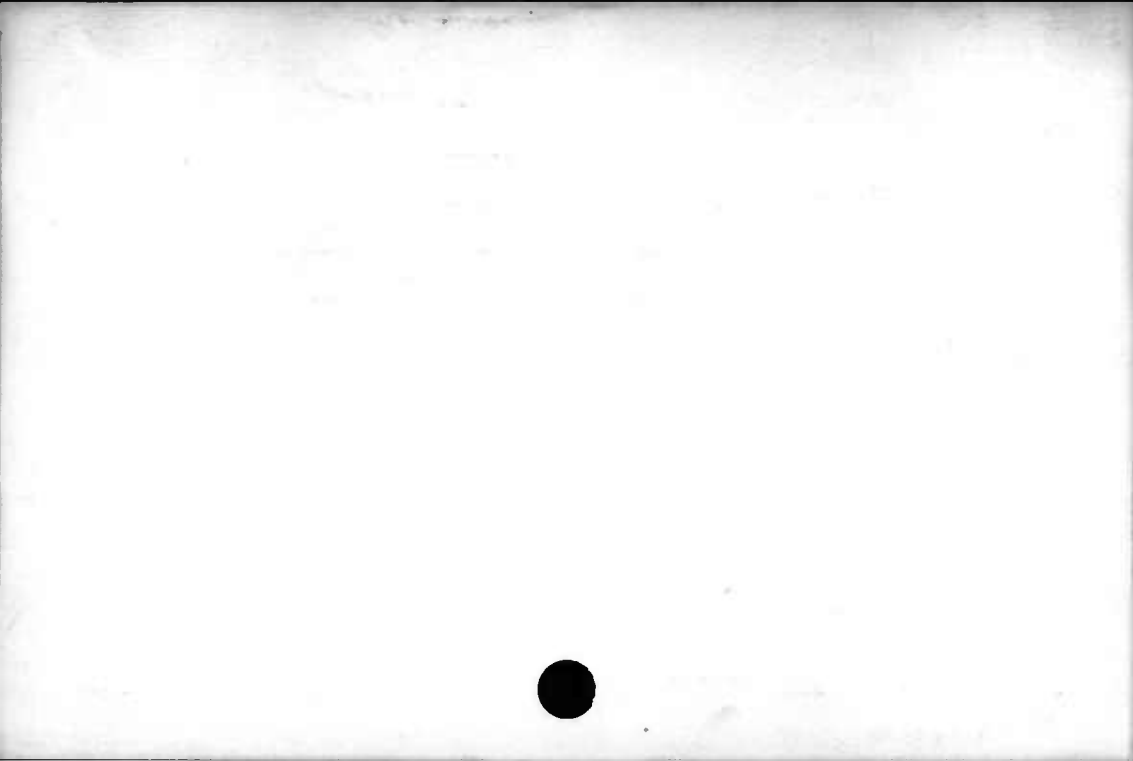
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cardiff</i> ^{Town}		<i>Haverford</i> ^{County}		MARYLAND	
Date of death 19 <i>03</i>	<i>May</i> ^{Month}	Day <i>20</i>	Age <i>48</i> ^{Years}	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Whiteford</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>Farmer</i>				
Name of Wife or Husband <i>Margaret Owens</i>					
Father's Name <i>Owen W Owens</i>		Father's Birthplace <i>Wales</i>			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		<i>Jo</i>		How related to deceased	

CAUSES OF DEATH

BY CORNER

Primary	How long
Immediate <i>Alcoholism</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J C Stearns</i>
	Address <i>Whiteford Md</i>
Accident	



Name
in
Full

Frederick S. Ringold

CERTIFICATE OF DEATH

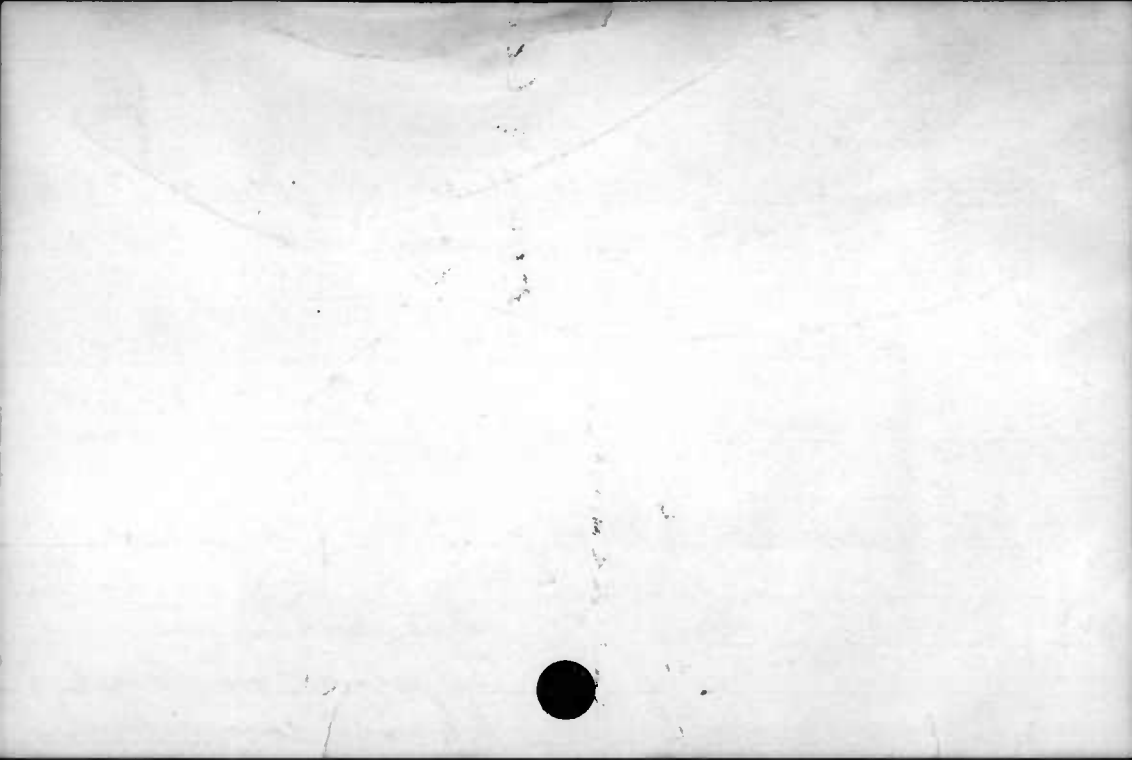
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stepney</u> ^{Town}		<u>Harford</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	<u>May</u> ^{Month}	<u>5</u> ^{Day}	Age <u>45</u> ^{Years}	<u>—</u> ^{Months}	<u>13</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>American</u>	Birth- place <u>Maryland</u>			
Married, <u>Single</u> or Widowed			Occupation <u>Farmer</u>		
Name of Wife or Husband <u>Susie</u>					
Father's Name <u>Edward Ringold</u>			Father's Birthplace		
Mother's Maiden Name <u>Mary</u>			Mother's Birthplace		
Name of person giving information <u>Mrs. Susie Ringold</u>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u> <u>27</u>	How long <u>Two years</u>
Immediate <u>Tuberculosis</u>	How long <u>" "</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. B. Hiler</u>
	Address <u>Carmichael, Md.</u>
Accident or Suicide?	



Name
in
Full

Louise Webster Selfe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death 190		Month	Day	Years	Months	Days	
2		May	9	Age	forty five		
Sex		Color or Race		Birth-place			
Female		White		Annerinds, Md			
Married, Single or Widowed		Occupation					
Married		House-wife					
Name of Wife or Husband		William B. Selfe					
Father's Name		Isaac Lee Webster				Father's Birthplace	
						Maryland	
Mother's Maiden Name		Mary Williams				Mother's Birthplace	
						Maryland	
Name of person giving information		W. B. Selfe				How related to deceased	
						Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid fever	How long	Two weeks
Immediate	11	How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Jno. Laffington	
		Address	
		Washington Md.	
Accident or Suicide?			



Name in Full

James H. Swartz

Town

County

MARYLAND

Died at

Calvary

Starford

Date 1903

Month

Day

5 23

Age

7 1/2

M.

D.

Native of

Occupation

Farmer

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

5-

Husband
of

Wife

Father's
Name

Peter Swartz

Mother's

Maiden Name

Ma

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

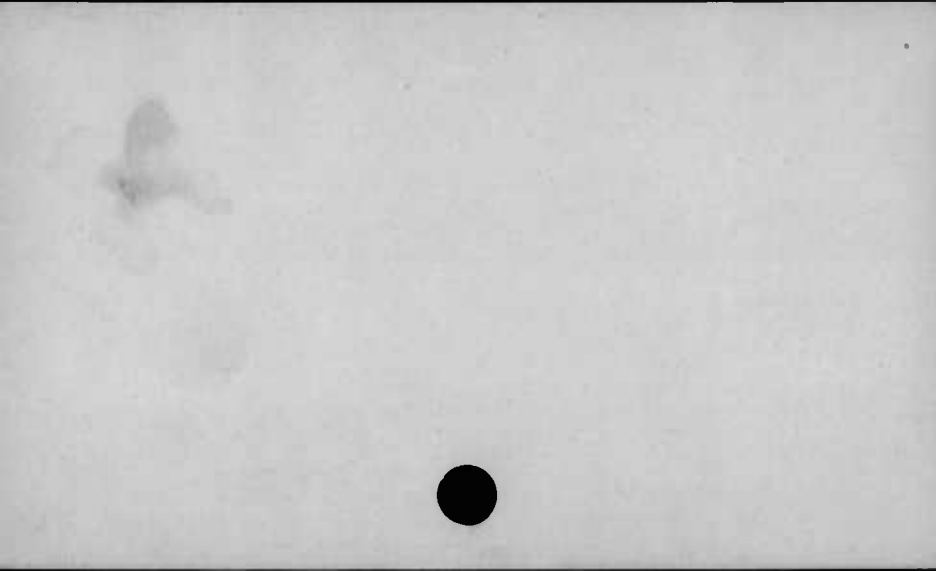
Reported by

Henry Tarrin

J. H. Ross
Aberdeen Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Mary. A. Swartz

Town

County

Died at

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

5 28

Age

83

Ind

House Wife

Male

White

Married

Widow

Divorced

Female

~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Old Age

Death

Immediate

Heart Failure

How long sick

154
one year

Accident, Suicide, Homicide

Reported by

B. K. McComas

Address

Abingdon Harford Co
Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Heerman Thomas

Town

County

Died at

Amos

Hearford

MARYLAND

Date 1903

Month

Day

Y.

M.

D.

Native of

Occupation

May 20

Age

md

Labourer

Male

White

~~Married~~~~Widow~~

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Not Known

Mother's

Maiden Name

not known

Cause of

Primary

Death

Immediate

Paralysis

6

How long sick

about - 3 Days

Accident, Suicide, Homicide

Reported by

G. W. Davis

Address

Pleasantville Md

Per Walker

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79658



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cherry Hill</i>		Town <i>Cherry Hill</i>		County <i>Hampden</i>		MARYLAND	
Date of death 190 <i>8</i>	Month <i>May</i>	Day <i>24</i>	Age <i>65</i>	Years <i>11</i>	Months <i>13</i>	Days <i>13</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Maryland</i>				
Married, Single or Widowed <i>Married</i>			Occupation				
Name of Wife or Husband <i>Louisa H. Elliott</i>							
Father's Name <i>James F. Walker</i>				Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Elizabeth Keen</i>				Mother's Birthplace <i>Maryland</i>			
Name of person giving In formation <i>Frank Walker</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Nervous Prostration</i>	How long <i>3 wks</i>
Immediate <i>Exhaustion</i>	How long <i>199</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. A. Follingsworth</i>
	Address <i>Baltimore</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Age

~~Male~~

White

~~Married~~~~Widow~~

Divorced

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70896



Name
in
Full

Unknown Negro Man

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Ham del Grace</i> Town		<i>Barford</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>May</i>	Day <i>1st</i>	Age <i>unknown</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Negro</i>		Birth-place <i>unknown</i>		
Married, Single or Widowed <i>unknown</i>		Occupation <i>Laborer</i>			
Name of Wife or Husband					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Verdict of Jury of Inquest. Natural Causes</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of <i>Coroner</i> <i>Sylvester E. Pennington</i>
		Address <i>Ham-de-Grace</i>
Accident or Suicide?		<i>Ma</i>

